

<b>NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP</b>				DATE <b>25 FEB 77</b>		FILE NO. <b>3190</b>	
TO: (Check)	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION, OP		SS NUMBER <b>069-24-3134</b>			
		CHIEF, CONTRACT PERSONNEL DIVISION, OP		EMPLOYEE NUMBER <b>007667</b>			
	<input checked="" type="checkbox"/>	CHIEF, <b>LA</b> (OPERATING COMPONENT FOR ACTION) ATTN:		ID CARD NUMBER			
REF. <b>Form 2458 dated 1 Dec 76</b>				<input checked="" type="checkbox"/> OFFICIAL COVER		<input checked="" type="checkbox"/> ESTABLISHED	
STATUS <input checked="" type="checkbox"/> STAFF <input type="checkbox"/> CONTRACT <input type="checkbox"/>				<input type="checkbox"/> CANCELLED			
SUBJECT <b>BUSTOS-VIDELA, CHARLOTTE Z.</b>				UNIT <b>39</b>			

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)				<input type="checkbox"/> CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)			
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE <b>BOD</b>				EFFECTIVE DATE:			
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)				SUBMIT FORM 3254 _____ W-2 TO BE ISSUED (HNB 20-7)			
<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY <b>3</b> (HNB 20-7)				SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)			
<input checked="" type="checkbox"/> SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11) <b>99</b>				EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)				RETURN ALL OFFICIAL DOCUMENTATION TO CCS			
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)				SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD.			
<input type="checkbox"/> EAA. CATEGORY I <input type="checkbox"/> CATEGORY II <input checked="" type="checkbox"/>				DO NOT WRITE IN THIS BLOCK			
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR <u>ACP</u> HOSPITALIZATION CARD							
REMARKS AND/OR COVER HISTORY <b>27 Aug 51-Aug 62-Hqs-Overt</b> <b>Aug 62-Jul 67-Hqs-199</b> <b>Jul 67-10 Aug 72-199</b> <b>1 Sep 72-27 Jun 74-Hqs-74</b> <b>28 Jun 74-10 Nov 76-1631</b> <b>11 Nov 76-26 Feb 77-Hqs-99</b> <b>27 Feb 77-Hqs-99</b>							
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